

REQUEST FOR COPY OF CIVIL UNION CERTIFICATE**PLEASE PRINT****DO NOT MAIL CASH**

PARTNER 1	(Full Name)	
	First	Middle Last
PARTNER 2	(Full Name)	
	First	Middle Last
DATE OF CEREMONY (Month/Day/Year)		PLACE OF CEREMONY (Town of Occurrence)

PLEASE NOTE: Attach a legible copy of your current photo identification to this request form.

Only the partners appearing on the Civil Union Certificate shall receive a certified copy of such certificate including their Social Security Numbers.

All other certified copies will mask the Social Security Numbers of both partners.

PERSON MAKING THE REQUEST:

NAME: _____
First Middle Last

ADDRESS: _____
Number Street

TOWN/CITY: _____ STATE & ZIP CODE: _____

SIGNATURE: X _____ Relationship: _____

The legal fee is \$10.00 per copy.

Number of copies requested: _____ Amount enclosed: \$ _____

Please make check or money order payable to the Town of Simsbury.
Mail this request with a legible copy of your photo ID and payment to
Town Clerk, P.O. Box 495, Simsbury, CT 06070.
For other Town Clerk addresses, please call (860) 509-7897